



BYC Boating Education Enrollment Form

2018 – Buffalo Clubhouse

(Please Complete One Form Per Participant & PLEASE PRINT NEATLY)

Participant's Full Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____ Birthday: _____
 Email: _____ School & Grade Attending: _____

Brief Description of Previous Sailing Experience:

If under 18 years:

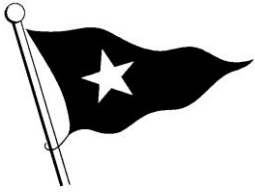
Parent/Guardian Full Name(s): _____
 Mother's Contact Phone: _____ Father's Contact Phone: _____
 Mother's E-Mail: _____ Father's E-Mail: _____

Session(s) Requested	Program	Dates Requested	Member Cost (Parent/Grandparent)
	Weekly Camp	7/2 – 7/6	\$275
	Weekly Camp	7/9 – 7/13	\$275
	Weekly Camp	7/16 – 7/20	\$275
	Weekly Camp	7/23 – 7/27	\$275
	Weekly Camp	7/30 – 8/3	\$275
	Weekly Camp	8/6 – 8/10	\$275
	Weekly Camp	8/13-8/17	\$275
	Weekly Camp	8/20-8/24	\$275
	2 Week Camp		\$500 (save \$50)
	4 Week Camp		\$900 (save \$200)
	8 Week Camp		\$1700 (save \$500)
	Daily Camp		\$60
	Adult Sailing (pay per class) Thursday nights only	7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16, 8/23, 8/30	\$45 (Per Lesson)
	Adult Sailing (Session 1 & 2) Thursday nights only	7/5- 8/2 8/9-8/30	\$135 per session (save \$45)
Total Fees Due			

Send Completed Form & Payment to:

Buffalo Yacht Club Boating Education
 One Porter Avenue
 Buffalo, NY 14201
 Voice: (716) 883-5900 Fax: (716) 883-7806

<p><u>Payment Method:</u> Check # _____ BYC Member # _____</p>
--



Buffalo Yacht Club Junior Sailing Health History Form

Name: _____ Date of Birth: _____

Address: Street _____

City _____ State/Zip _____

Telephone: _(____)_____

Emergency Information

Father: _____ Mother: _____

Telephone: Home _(____)_____ Telephone: Home _(____)_____

Work _(____)_____

Work _(____)_____

If Parents Can Not Be Reached

Name: _____ Relationship: _____

Address: Street _____

City _____ State/Zip _____

Telephone: Home _(____)_____

Work _(____)_____

Family Physician

Name: _____ Telephone: _____

Address: Street _____

City _____ State/Zip _____

Health Insurance

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Does your child presently have or has he/she ever had any of the following:

	YES	NO
Allergies	_____	_____
Convulsions	_____	_____
Diabetes	_____	_____
Heart Trouble	_____	_____
Fainting Spells	_____	_____
A condition requiring regular medical attention or medication	_____	_____
Impaired hearing	_____	_____
Impaired eyesight	_____	_____

Has your child been hospitalized during the last 3 years? _____

Has your child been examined or treated by a physician or health care provider during the last 3 years for any medical problem other than regular checkups? _____

Does your child presently take any medication? _____

If yes, please provide name and dosage of each medication:

* If you answered yes to any of the above health history questions, please provide additional information on a separate sheet, which should be securely fastened to this form.

Date of immunizations

Tetanus Toxoid _____

Measles _____

Polio _____

German Measles _____

Mumps _____

Diphtheria _____

Parent/Guardian Signature _____

Date _____

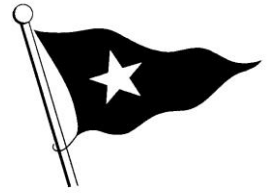
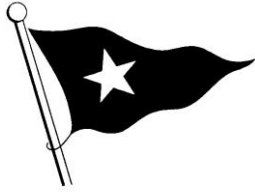


PHOTO RELEASE FORM

I hereby grant permission to the Buffalo Yacht Club (“BYC”) to use my image or likeness (still photograph, motion picture, or otherwise) in conjunction with its advertising materials or in other subsequent publications or websites without further consideration; and I acknowledge BYC’s right to crop, alter or treat such image or likeness at its reasonable discretion. I also acknowledge that BYC may choose not to use my image or likeness at this time, but may do so at its own discretion at a later date.

NAME:

DATE:

ADDRESS:

PHONE:

E-MAIL:

SIGNATURE: